

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

ADDRESS (number and street)

1 ENERGY PLACE

☐ Check if different than previously reported. (ACC)

PENSACOLA

FL

32520

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00120519

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer WILLIAM GOLAN BUCK

Signature of Treasurer

WILLIAM GOLAN BUCK

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
02 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
02 / 28 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		53899.83
(b) Cash on Hand at Beginning of Reporting Period.....	37788.72	
(c) Total Receipts (from Line 19) .....	4220.28	8112.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42009.00	62012.00
7. Total Disbursements (from Line 31) .....	6564.25	26567.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35444.75	35444.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

### RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 02 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 02 / 28 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1552.33

2110.90

(ii) Unitemized .....

2665.40

5995.02

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4217.73

8105.92

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

4217.73

8105.92

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

2.55

6.25

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4220.28

8112.17

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

4220.28

8112.17

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3.00	6.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3.00	6.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	4061.25	24061.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6564.25	26567.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6564.25	26567.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4217.73	8105.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4217.73	8105.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	3.00	6.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	3.00	6.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC**

Full Name (Last, First, Middle Initial)

**A. ADRIANNE COLLINS**

Mailing Address 2304 PENTLAND RD

City

LYNN HAVEN

State

FL

Zip Code

32444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GULF POWER

Occupation

SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : SA11AI.28853

Amount of Each Receipt this Period

103.15

Monthly Payroll Deduction

Full Name (Last, First, Middle Initial)

**B. Stanley W. Connally Jr.**

Mailing Address One Energy Place

City

Pensacola

State

FL

Zip Code

32520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gulf Power Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : SA11AI.28854

Amount of Each Receipt this Period

331.87

Monthly Payroll Deduction

Full Name (Last, First, Middle Initial)

**C. Jim R. Fletcher**

Mailing Address One Energy Place

City

Pensacola

State

FL

Zip Code

32520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gulf Power

Occupation

External Affairs & Corp Svcs VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : SA11AI.28866

Amount of Each Receipt this Period

192.77

Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

627.79

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC**

<b>A. MARGARET D NEYMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 102 HIGHPOINT DR City State Zip Code GULF BREEZE FL 32561-4016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation GULF POWER MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 308.76			Date of Receipt M M / D D / Y Y Y Y Y 02 / 26 / 2015 <b>Transaction ID : SA11AI.28906</b> Amount of Each Receipt this Period 154.38 Monthly Payroll Deduction		
<b>B. SANDRA F SIMS</b> Full Name (Last, First, Middle Initial) Mailing Address 4018 BOND CIR City State Zip Code NICEVILLE FL 32578 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation GULF POWER ASSISTANT TO VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.06			Date of Receipt M M / D D / Y Y Y Y Y 02 / 26 / 2015 <b>Transaction ID : SA11AI.28927</b> Amount of Each Receipt this Period 115.53 Monthly Payroll Deduction		
<b>C. WENDELL E. SMITH</b> Full Name (Last, First, Middle Initial) Mailing Address ONE ENERGY PLACE City State Zip Code PENSACOLA FL 32520 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation GULF POWER COMPANY POWER DELIVERY VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.92			Date of Receipt M M / D D / Y Y Y Y Y 02 / 26 / 2015 <b>Transaction ID : SA11AI.28931</b> Amount of Each Receipt this Period 165.46 Monthly Payroll Deduction		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			435.37		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC**

Full Name (Last, First, Middle Initial)

**A. Angela G Strickland**

Mailing Address One Energy Place

City State Zip Code  
Pensacola FL 32520

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Gulf Power Company Marketing General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : SA11AI.28936

Amount of Each Receipt this Period

112.47

Monthly Payroll Deduction

Full Name (Last, First, Middle Initial)

**B. Scott Richard Teel**

Mailing Address One Energy Place

City State Zip Code  
Pensacola FL 32520

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Gulf Power VP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : SA11AI.28941

Amount of Each Receipt this Period

150.00

Monthly Payroll Deduction

Full Name (Last, First, Middle Initial)

**C. BENTINA C TERRY**

Mailing Address 4700 BOHEMIA DR

City State Zip Code  
PENSACOLA FL 32504

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GULF POWER COMPANY EXTERNAL AFFAIRS & CORP SVCS VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : SA11AI.28942

Amount of Each Receipt this Period

226.70

Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

489.17

1552.33



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC**

Full Name (Last, First, Middle Initial)

**A. Jeff Miller for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

Mailing Address P. O. Box 126

City	State	Zip Code
Pensacola	FL	32591

**Transaction ID : SB23.28987**Purpose of Disbursement  
2016 Primary/U.S. Congress/FL Dist 1

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2500.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 01

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

**TOTAL** This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC**

Full Name (Last, First, Middle Initial)

**A. Alan Hays Campaign Fund**

Mailing Address P.O. Box 2270

City	State	Zip Code
Umatilla	FL	32784

Purpose of Disbursement  
Non-Federal Candidate

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SB29.28962**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Anitere Flores Campaign Fund**

Mailing Address 1421-1 SW 107th Ave

City	State	Zip Code
Miami	FL	33174

Purpose of Disbursement  
Non-Federal Candidate

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : SB29.28972**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. David Richard Workman CF**

Mailing Address 6450 Anderson Way

City	State	Zip Code
Melbourne	FL	32940

Purpose of Disbursement  
Non-Federal Candidate

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : SB29.28974**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC**

Full Name (Last, First, Middle Initial)

**A. Dorothy L. Hukill Campaign Fund**

Mailing Address P.O. Box 238136

City	State	Zip Code
Orange	FL	32123

Purpose of Disbursement  
Non-Federal Candidate

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : SB29.28976**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Frank Artiles Campaign Fund**

Mailing Address P.O. Box 570726

City	State	Zip Code
Miami	FL	33257

Purpose of Disbursement  
Non-Federal Candidate

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : SB29.28980**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Matt Caldwell Campaign Fund**

Mailing Address P.O. Box 9382

City	State	Zip Code
Ft. Myers	FL	33902

Purpose of Disbursement  
Non-Federal Candidate

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : SB29.28970**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

MM / DD / YYYY

Food Item	Number of People
Pizza	800
Burger	400
Salad	200
Smoothie	100

[illegible]

500.00

4000.00